



VIP/DMORT Program

Incident

Examining Pathologist

Pathology

PM Case #

Pg 1 of 3

Date of Exam

Bag # Sex ☐ Male ☐ Female ☐ Unknown Condition of RemainsEst Race ☐ Caucasoid ☐ Asian ☐ Hispanic ☐ Negroid ☐ American Indian ☐ Unknown Est Race Other: Import PicturesBuild ☐ Gracile ☐ Robust ☐ Intermediate ☐ Indeterminate Height cm Inches Weight kg Pounds

Hair

Hair Color ☐ Auburn ☐ Black ☐ Salt & Pepper ☐ Blonde ☐ Gray ☐ White ☐ Brown ☐ Red ☐ Other Hair Length ☐ Short ☐ Long ☐ Bald ☐ Medium ☐ Shaved ☐ N/AHair Accessory ☐ Extension ☐ Hair Transplant ☐ Hair Piece ☐ Wig Hair Description ☐ Curly ☐ Straight ☐ Other ☐ Wavy ☐ N/AFacial Hair ☐ Beard ☐ Beard & Moustache ☐ Moustache ☐ Clean Shaven ☐ GoateeFacial Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ Salt & Pepper ☐ WhiteFacial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A ☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Eye

Eyes ☐ Blue ☐ Green ☐ Grey ☐ Missing R ☐ Glass R ☐ Cataract ☐ Brown ☐ Hazel ☐ Blind ☐ Missing L ☐ Glass L Optical ☐ Glasses ☐ Contacts

Nails

Finger Nail Type ☐ Natural ☐ Artificial ☐ UnknownLength ☐ Extra Long ☐ Long ☐ Medium ☐ ShortFingernail Color Fingernails ☐ Bitten ☐ Decorated ☐ Mishapen ☐ N/AToenail Color Toenails ☐ Decorated ☐ Mishapen ☐ Yellow/Fungus ☐ N/A

List manufacturer, serial numbers, and other identifying features:

Prosthetics

Teeth Present? ☐ Yes ☐ No Dentures Present: ☐ Yes ☐ No

Scars

☐ Scars (other than surgical) ☐ Birthmarks ☐ Deformities (non peri-mortem) ☐ Cardiac

Description Scars Birthmarks Deformities Cardiac

Surgery

☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive ☐ Appendectomy ☐ Caesarean ☐ Open Heart ☐ Tracheotomy ☐ Mastectomy ☐ Other

Other Surgery

Description



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Date of Exam _____

Bag # _____ Sex ☐ Male ☐ Female ☐ Unknown

Tattoo(s) ☐ Yes ☐ No ☐ Unknown Photos? ☐ Yes ☐ No

#	Location	Side	Tattoo Description

Body Piercing(s)? ☐ Yes ☐ No ☐ Unknown

#	Body Bag #	Location	Side	Quantity	Piercing Description

Objects In Body

- ☐ Pacemaker ☐ Prosthetic Devices ☐ Other
☐ Bullets ☐ Orthopedic devices

Other Object In Body

Wallet

Description _____

Contents _____

Purse

Description _____
Contents _____

Currency _____

Misc Items Found _____

Other Personal Effects _____



VIP/DMORT Program

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Pg 3 of 3

Incident _____

Date of Exam _____

Bag # _____

Sex ☐ Male ☐ Female ☐ Unknown

Specimen Wt

Dimensions

Path Narrative:

Additional head and neck exam remarks:

Torso ☐ Viscera Identifiable

Torso Remarks

External Genitalia

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Uncircumcised |
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Indeterminate | |
| <input type="checkbox"/> Circumcised | |

Internal Genitalia

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Testis Left | <input type="checkbox"/> Tubes Right |
| <input type="checkbox"/> Testis Right | <input type="checkbox"/> Ovaries Left |
| <input type="checkbox"/> Uterus | <input type="checkbox"/> Ovaries Right |
| <input type="checkbox"/> Tubes Left | |

Extremity Remarks

Expanded Condition of Remains:

- | | | | | |
|--------------------------------------|----------------------------------|---|--|---|
| <input type="checkbox"/> Fresh | <input type="checkbox"/> Burned | <input type="checkbox"/> Cremains | <input type="checkbox"/> Specific Trauma | <input type="checkbox"/> Submerged (Grid #) |
| <input type="checkbox"/> Decomposing | <input type="checkbox"/> Charred | <input type="checkbox"/> Distinct Marks | <input type="checkbox"/> Floating (GPS) | <input type="checkbox"/> Scavenger Activity |